

## Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

## **Disease/Agent Suspected or Test Requested:**

## **Anaerobic bacteria**

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	Culture Isolate
TDH Requisition Form Number	PH-4182
Media Requirements	Anaerobic transport system.
Special Instructions	
Shipping Instructions	DO NOT SHIP ON COLD PACKS OR DRY ICE
Laboratory Section Performing Testing	Bacteriology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).